

Attorney Docket No.: CARDIOBEAT-1  
**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: :  
: :  
GEORGE MCBRIDE, ET AL :  
: :  
Filed: 03/27/2000 :  
: :  
Title: MEDICAL TESTING SYSTEM AND METHOD :  
: :  
Serial No. 09/535,186

**DECLARATION**

As a below named inventor, I hereby declare that:

**Type of Declaration**

This declaration is made in an original application for utility patent.

**Inventorship and Specification Identification**

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled MEDICAL TESTING SYSTEM AND METHOD, filed on 03/27/2000 as application Serial No. 09/535,186

**Acknowledgment of Review of Papers and Duty of Candor**

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims thereof.

I acknowledge the duty to disclose information that is material to the examination of this application, in accordance with Title 37, Code of Federal Regulations, section 1.56(a).

**Declaration**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**Signatures**

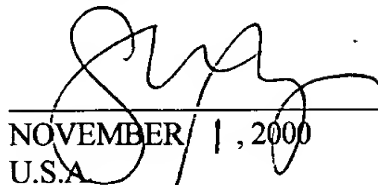
Title: MEDICAL TESTING SYSTEM AND METHOD  
Inventor: GEORGE MCBRIDE, ET AL  
Serial No.: 09/535,186  
**Declaration**

ATTORNEY DOCKET CARDIOBEAT-1

Full name of inventor:

GEORGE MCBRIDE

Inventor's signature:



Date:

NOVEMBER 1, 2000

Country of Citizenship:

U.S.A.

Residence (City & State):

CAVE CREEK, AZ

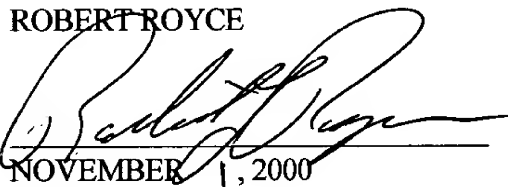
Post Office Address:

4519 EAST PEAKVIEW  
CAVE CREEK, AZ 85331

Full name of inventor:

ROBERT ROYCE

Inventor's signature:



Date:

NOVEMBER 1, 2000

Country of Citizenship:

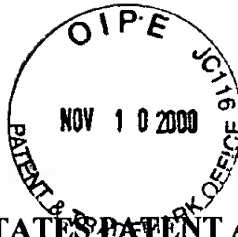
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In re Application of:

GEORGE MCBRIDE, ET AL

Filed: 03/27/2000

Title: MEDICAL TESTING SYSTEM AND METHOD

Serial No. 09/535,186

**POWER OF ATTORNEY**

CARDIOBEAT.COM is the owner of the above-identified patent, pursuant to an Assignment from the owners of record, GEORGE MCBRIDE and ROBERT ROYCE In accordance with 37 C.F.R. § 3.73(b), a copy of the Assignment is attached hereto. A copy of the Assignment has also been filed or is being filed contemporaneously herewith for recordation with the Assignment Branch.

CARDIOBEAT.COM hereby revokes all previous powers of attorney and appoints Donald J. Lenkszus, Reg. No. 28,096 of the firm of DONALD J. LENKSZUS, P.C., P.O. BOX 3064, CAREFREE, AZ 85377, telephone (602) 463-2010, facsimile (480) 575-1321, as its attorney with full powers of substitution, revocation and association, to transact all business in the United States Patent and Trademark Office in connection with the above-identified patent application.

Please direct all correspondence regarding this patent application to Donald J. Lenkszus at the above address and telephone number.

CARDIOBEAT.COM

Dated: NOVEMBER , 2000

By: 

Name: GEORGE MCBRIDE  
Title: PRESIDENT

ASSIGNMENT

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I,

GEORGE MCBRIDE, an individual residing in CAVE CREEK, ARIZONA and ROBERT ROYCE an individual residing in MESA, ARIZONA (collectively referred to as ASSIGNOR) hereby assign, transfer, and deliver to

CARDIOBEAT.COM a NEVADA corporation, having a principal place of business located at 17350 NORTH HARTFORD DRIVE, SCOTTSDALE, AZ 86255, its successors and assigns (collectively referred to herein as "ASSIGNEE")

all of my right, title and interest in and to any and all subject matter of the invention(s) disclosed in the application for United States Patent Serial No. 09/535,186 titled

**MEDICAL TESTING SYSTEM AND METHOD**

filed in the U.S. Patent and Trademark Office on 03/27/2000, and in and to said application, all continuations, continuations in part and divisions thereof, and the exclusive right to make application for patents, reissues, renewals and extensions thereof, and in and to all patents and all Convention and Treaty rights of all kinds, in the United States of America and all other countries throughout the world, for all such subject matter. I request the applicable official having authority to issue patents or corresponding rights to issue same on the subject matter of the said invention(s) to ASSIGNEE and, if called upon by ASSIGNEE or its legal representatives, I agree to promptly sign all documents necessary to secure all such patents and rights and for issuance of same to ASSIGNEE.

I confirm that I have not made any agreement in conflict with this Assignment. I further agree that I will provide information within my knowledge or belief, and do all other relevant things that ASSIGNEE or its legal representatives deem necessary or desirable and request of me in connection with obtaining or maintaining any such patents, or in order to perfect ASSIGNEE's ownership of the right, title and interest conveyed by this Assignment, or in connection with this Assignment, without payment of any further consideration on the understanding, however, that ASSIGNEE will bear all reasonable expenses actually incurred for or in connection with such matters. This Assignment and the obligations assumed by me shall be binding on my heirs and personal representatives.

Date: NOVEMBER 1, 2000

  
GEORGE MCBRIDE

  
ROBERT ROYCE

STATE OF ARIZONA:

: ss

COUNTY OF MARICOPA:

On this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, GEORGE MCBRIDE personally appeared before me, identified himself/herself to my satisfaction, and signed the foregoing Assignment in my presence.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

STATE OF ARIZONA

:

: ss

COUNTY OF MARICOPA

:

On this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, ROBERT ROYCE personally appeared before me, identified himself/herself to my satisfaction, and signed the foregoing Assignment in my presence.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_